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Clear Form

RICHARD W. FLECKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E. King

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

John B. PROG Plaintiff,
vs.
Michael J. ASTRUE
(Comm. of Soc. Sec'y) Defendant.

CV 08

2094

APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

WHA

I, John B. PROG, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 *Date of last employ December 1999*

3 *Wages: \$10.00 per hour (20,000.00 gross)*

4
5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ___ No ☒
8 self employment?

9 b. Income from stocks, bonds, Yes ___ No ☒
10 or royalties?

11 c. Rent payments? Yes ___ No ☒

12 d. Pensions, annuities, or Yes ___ No ☒
13 life insurance payments?

14 e. Federal or State welfare payments, Yes ☒ No ___
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 *Source of Income: Social Security Insurance; 4,000.00*
20 *Social Security Disability 7,000.00*

21 3. Are you married? Yes ___ No ☒

22 Spouse's Full Name: *N/A*

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes X No ___

Make Oldsmobile Year 1984 Model 98

Is it financed? Yes ___ No X If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes X No ___ (Do not include account numbers.)

Name(s) and address(es) of bank: Wells Fargo

Present balance(s): \$ \$40.00

Do you own any cash? Yes X No ___ Amount: \$ \$20.00

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ 0.00 Utilities: 0.00

Food: \$ 600.00 Clothing: 50.00

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>No accts</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

No other debts

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

No prior lawsuits

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

April 22, 2008

DATE

[Signature]
SIGNATURE OF APPLICANT